



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

Ending Date:

Type of Report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☒ year-end report ☐ dissolution

WILLIAM C. DENMARK JR
Candidate Full Name (if applicable)

SCHOOL COMMITTEE
Office Sought and District

114 CROSS ST., RANDOLPH, MA 02368
Residential Address

Telephone Number (optional): 781-883-0267

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

Line 2: Total receipts this period (page 3, line 11)

Line 3: Subtotal (line 1 plus line 2)

Line 4: Total expenditures this period (page 5, line 14)

Line 5: Ending Balance (line 3 minus line 4)

Line 6: Total in-kind contributions this period (page 6)

Line 7: Total (all) outstanding liabilities (page 7)

Line 8: Name of bank(s) used:

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Treasurer's signature)

Date:

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Candidate's signature)

Date:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/22/15	PRINTING UNLIMITED 63 PLYMOUTH ST HOLBROOK, MA 02343	\$252.19	
10/15/15	STAPLES COPY + PRINT	\$200.26	
Line 9: Total Receipts over \$50 (or listed above)		\$452.43	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$452.43	← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/24/15	PRINTING UNLIMITED	63 PLYMOUTH ST. HOLBROOK, MA	LAWD SIGNS	\$252.15
10/15/15	STAPLES COPY + PRINT		HANDOUTS	\$200.26
		Line 12: Total Expenditures over \$50 (or listed above)		\$452.43
		Line 13: Total Expenditures \$50 and under* (not listed above)		
Enter on page 1, line 4 →		Line 14: TOTAL EXPENDITURES IN THE PERIOD		\$452.43

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES (continued)[illegible]

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

[illegible]

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

[illegible]

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)



From: Printing Unlimited <printunl2@verizon.net>
Subject: Signs are ready for pick up
Date: October 22, 2015 3:38:47 PM EDT
To: 'Bill Denmark' <bdenmark@mac.com>

1 Attachment, 89 KB

Dear Customer,

I would like to inform you that your order is now ready for pick up. We are open Monday - Friday from 8am until 5pm.

I have attached a copy of your invoice for your convenience. Please remember that PAYMENT IN FULL is required at the time of pick up.
If you would like your order shipped to you, please note a shipping charge will be applied.

If you have any questions, please feel free to call.

Thank You,
Printing Unlimited
63 Plymouth Street
Holbrook, MA 02343
T: 781-767-3970
F: 781-767-2770
www.printingunlimited.info
FULL SERVICE Union COMMERCIAL PRINTER

Like us on Facebook - <http://www.facebook.com/printingunlimitedinfo>
Follow us on Twitter - <https://twitter.com/PrintUni75>

**Printing
Unlimited**

Invoice

Date	Invoice #
10/22/2015	68128

Bill To:
Bill Denmark

P.O. No.		Due Date
		10/22/2015
Quantity	Description	Amount
25	18 x 24 Lawn Signs	275.00T
	Mass Sales Tax	17.19



63 Plymouth Street, Holliston, MA 02343 T: (781) 767-3970 F: (781) 767-2770 Web: www.printingunlimited.info

Total	\$292.19
Payments/Credits	\$0.00
Balance Due	\$292.19

SEARCH



WELCOME, Bill (Logout)



My Saved Projects

copy print™

Store Locator

Order Details

Order Date: 10/15/2015 2:14 PM
Order Number: 8J6ZP-J3A27-8L7
Retail Order Number: 6828870587

Payment Type: MasterCard

Order Status: Processing

Ship To:
Bill Denmark
114 Cross Street
Randolph, MA 02368
United States of America
Phone: 7819633550
newfies@comcast.net

Bill To:
Bill Denmark
114 Cross Street
Randolph, MA 02368
United States of America
Phone: 7819633550
newfies@comcast.net

Status Information

Delivered Products

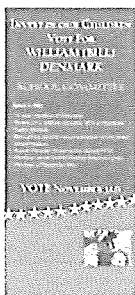
Quantity

Price

Subtotal

Item Status:

Processing



Invest in our
ChildrenVote ForWILLIAM
(BILL) DENMARK

750

\$149.99

Color Back Side

\$14.99

Glossy Stock

INCLUDED

\$164.98*

You Pay

Product Total:

\$164.98

Shipping & Processing (Rush 3 Business Days):

\$24.95

Estimated Sales Tax:

\$10.31

Total (Additional Tax May Apply):

\$200.24

* State sales tax is required on this item.